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Bib Data Sheet

CONFIRMATION NO. 5971

SERIAL NUMBER 09/729,491	FILING DATE 12/03/2000 RULE	CLASS 411	GROUP ART UNIT 3635	ATTORNEY DOCKET NO. SST/105
APPLICANTS William F. Leek, Carmel, CA;				
** CONTINUING DATA ***** PA NONE				
** FOREIGN APPLICATIONS ***** NONE PA				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 01/23/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no PA		35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		
Verified and Acknowledged Examiner's Signature _____ Initials _____		STATE OR COUNTRY CA	SHEETS DRAWING 13	TOTAL CLAIMS 20
INDEPENDENT CLAIMS 1				
ADDRESS 498				
TITLE Automatic take-up device with internal spring				
FILING FEE RECEIVED 970	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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CONFIRMATION NO. 5971

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SERIAL NUMBER 09/729,491	FILING DATE 12/03/2000 RULE	CLASS 052	GROUP ART UNIT 3637	ATTORNEY DOCKET NO. SST/1035	
APPLICANTS William F. Leek, Carmel, CA; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 01/23/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		STATE OR COUNTRY CA	SHEETS DRAWING 13	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 1
ADDRESS 498 JAMES R. CYPHER 405 14TH STREET SUITE 1607 OAKLAND , CA 94612					
TITLE AUTOMATIC TAKE-UP DEVICE WITH INTERNAL SPRING					
FILING FEE RECEIVED 970	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		